

PRV – Enrollment Processing of Provider License Expiration Notification

Purpose:

The purpose of this procedure is to process Provider License Expiration Notifications

Identification of Roles:

Primary Role - The below procedure will be performed by the Provider Enrollment Team.

Secondary Role – Supervisors and Team Leads will be cross-trained in this function.

Performance Standards:

If automatic verification is not possible, but online verification is available, the contractor will verify 100 percent of all licenses for which no automated updates are available against an appropriate licensing authority and update the Medicaid Management Information System (MMIS) license end date within 30 days after an MMIS license expiration date. Note that the licensure information is not always available for verification prior to expiration.

Path of Business Procedure:

Step 1: Print report from OnBase

- a. Report ID IAMP5500-R003
- b. Click Computer Output to Laser Disk (COLD) Reports (under document type groups)
- c. Click CR Provider (under document type)
- d. Enter the report Identification (ID) number from above

Step 2: Check web site for updated license

- a. If updated license found on web site, move to step 5
- b. If updated license not found on web site, move to step 3

Step 3: Call and send letter

- a. If unable to verify new license information from web site, call provider to request paper copy of new license-Fax number 515-725-1155
- b. Follow up with a letter to request a copy of the current license. (Document template- License verification letter)

Step 4: Documentation received back from provider

- a. When documentation is received from provider refer to IME Operational Procedure Processing Provider Changes

Step 5: Print license to OnBase

- a. Select File print

1. Select OnBase printer
2. Uncheck initiate Workflow
3. Select document type "Provider Certification" from drop down
4. Enter keywords- legacy provider number, today's date and PRV unit

Step 6: Update the web tool

- a. Log on the IME Web tool select Edit Provider Records
- b. Enter legacy ID number
- c. Change license end date and click submit change
- d. Web tool updates MMIS the following day

Forms/Reports:

License Expiration Notice (LEN)
MMIS Provider Screen Print

RFP References:

6.4.1.1.3.e

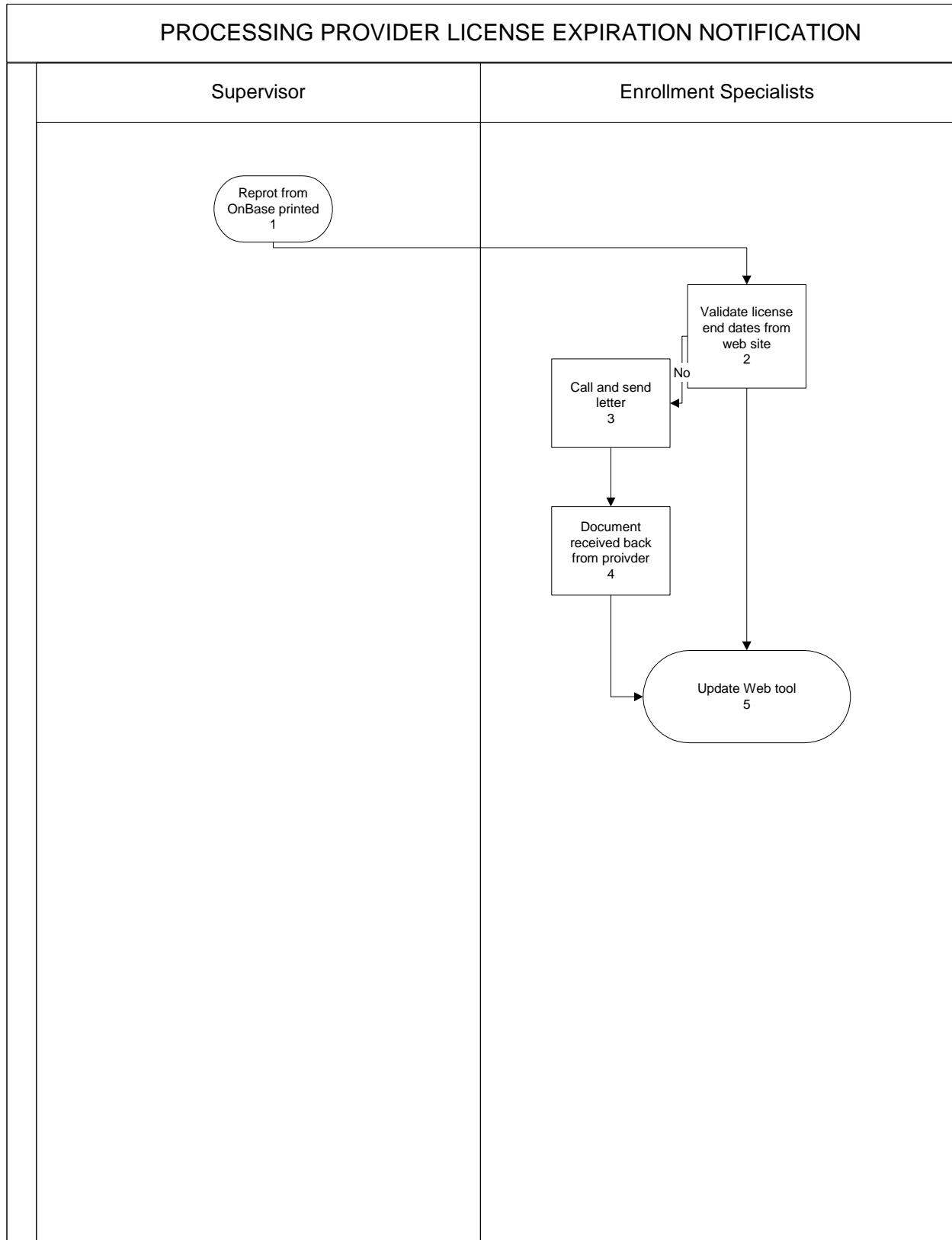
Interfaces:

OnBase
Core
MMIS
Providers

Attachments:

Process Map
MMIS License Expiration Notice-60 Day Notice
MMIS License Expiration Notice-30 Day Notice
MMIS License Expiration Notice-Termination Notice

Attachment A:



Attachment B:

IME Operational Procedures Requirements MMIS License Expiration Notice

IMPORTANT NOTICE-(60 day notice)

[Provider Name]

[Address Line]

[City, State, Zip]

[Date]

Provider National Provider Identifier Number: [NPI Number]

RE: Updating your license information with Iowa Medicaid

Dear Medicaid Provider:

Our records show the above referenced Provider license will expire within 60 days. As part of our outreach services, we would encourage you to update your license information in order to stay active with the Iowa Medicaid Program. Please return a photocopy of your renewed license with your NPI written on it and a copy of this letter. If we do not receive a copy of your renewed license, your Iowa Medicaid Agreement will be inactivated. Please return to:

Provider Correspondence/ Enrollment
PO Box 36450
Des Moines, IA 50315

Or fax to: 515-725-1155 Attention: Provider Services Enrollment Unit

If you have any questions, please contact IME Provider Services at 1-800-338-7909, select option 2 or locally at 515-256-4609, select option 2, or by email at imeproviderservices@dhs.state.ia.us

Provider Services staff is available to assist you Monday through Friday, from 7:30 AM until 4:30 PM. The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members.

Sincerely,

*Provider Services Unit
Iowa Medicaid Enterprise*

Attachment B:

IME Operational Procedures Requirements MMIS License Expiration Notice

IMPORTANT NOTICE-(30 day notice)

[Provider Name]

[Address Line]

[City, State, Zip]

[Date]

Provider NPI Number: [NPI Number]

RE: Updating your license information with Iowa Medicaid

Dear Medicaid Provider:

Our records show the above referenced Provider license will expire within 30 days. As part of our outreach services, we would encourage you to update your license information in order to stay active with the Iowa Medicaid Program. Please return a photocopy of your renewed license with your NPI written on it and a copy of this letter. If we do not receive a copy of your renewed license, your Iowa Medicaid Agreement will be inactivated. Please return to:

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Sincerely,

*Provider Services Unit
Iowa Medicaid Enterprise*

Attachment C:

IME Operational Procedures Requirements MMIS License Expiration Notice

IMPORTANT NOTICE-(30 day notice)

[Provider Name]

[Address Line]

[City, State, Zip]

[Date]

Provider NPI Number: [NPI Number]

RE: Updating your license information with Iowa Medicaid

Dear Medicaid Provider:

Our records show the above referenced Provider license has expired. In order to participate in the Iowa Medicaid Program, you must be duly licensed in the state where you render services. Please return a photocopy of your renewed license with your NPI written on it and a copy of this letter.

Please return to:

Provider Correspondence/ Enrollment
PO Box 36450
Des Moines, IA 50315

Or fax to: 515-725-1155 Attention: Provider Services Enrollment Unit

If you have any questions, please contact IME Provider Services at 1-800-338-7909, select option 2 or locally at 515-256-4609, select option 2, or by email at imeproviderservices@dhs.state.ia.us

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